



P.O. BOX 464 FISHERS ISLAND, NY 06390
631-788-7683

Alyson's School of Dance: Street Jazz Class

Child's Name: _____ Age: ___ M/F: ___
Address: _____
City: _____ State: _____ Zip: _____ Phone: _____

Tuition for complete 6 week program: \$215 for members, \$230 for non-members
Tuition for individual classes: \$40 for members, \$45 non-members

Age 11-14: Fridays 4:45-6:30 pm

July 6 _____ July 27 _____
July 13 _____ August 3 _____
July 20 _____ August 10 _____

Parent/Guardian: _____
Address (if different from above): _____
City: _____ State: _____ Zip: _____
Relation to child: _____
Cell Number: _____ Email: _____

Emergency Contact Information/ Authorized Pick-Up

List all persons, other than parents/guardians that are authorized to pick up the child.

Emergency Contact #1:	Emergency Contact #2:
Name: _____	Name: _____
Phone: _____	Phone: _____
Relation to Child: _____	Relation to Child: _____

Please identify any allergies, medical, behavioral or developmental issues for your child.

Child's Physician and Phone Number: _____

Payment: CC _____ Check _____ (payable to FICC)

____ (Initial) I [do/do not] authorize FICC to use unidentified photographs of my child in print and online media, including for the FICC website, FICC social media, and marketing.

Registration available online at ficcommunitycenter.org!

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